

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90197 050 ****70.00

DOCUMENT # N14209

1. Entity Name
**PERRY LODGE, NO. 1851, BENEVOLENT AND
PROTECTIVE ORDER OF ELKS OF THE UNITED
STATES, INC.**



Principal Place of Business
**305 PUCKETT ROAD
P.O. BOX 986
PERRY, FL 32348 US**

Mailing Address
**305 PUCKETT ROAD
P.O. BOX 986
PERRY, FL 32348 US**

40004051



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0948317

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOYAL, CHARLES R
305 PUCKETT ROAD
PERRY, FL 32348**

Name
Neeley, Earline B

Street Address (P.O. Box Number is Not Acceptable)
305 Puckett Road

City

Perry

FL

Zip Code
32348

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Earline B Neeley*

Lodge Secretary

07/08/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TR** ☐ Delete
NAME **WOODFORD, ROBERT**
STREET ADDRESS **1572 PINE CREST DR**
CITY-ST-ZIP **PERRY, FL 32347**

TITLE **S** ☐ Change ☒ Addition
NAME **Neeley, Earline B**
STREET ADDRESS **P O Box 356**
CITY-ST-ZIP **Perry, FL 32348**

TITLE **D** ☐ Delete
NAME **LLOYD, DAVID**
STREET ADDRESS **1205 CARTER ST**
CITY-ST-ZIP **PERRY, FL 32348**

TITLE **TR** ☐ Change ☒ Addition
NAME **Hicks, Marshall**
STREET ADDRESS **P O Box 66**
CITY-ST-ZIP **Perry, FL 32348**

TITLE **S** ☒ Delete
NAME **JOYAL, CHARLES R**
STREET ADDRESS **3475 QUAIL ST**
CITY-ST-ZIP **PERRY, FL 32348**

TITLE **TR** ☐ Change ☒ Addition
NAME **Grambling, Dean**
STREET ADDRESS **3418 Grambling Lane**
CITY-ST-ZIP **Perry, FL 32348**

TITLE **D** ☐ Delete
NAME **CRUCE, RICHARD**
STREET ADDRESS **P O BOX 696**
CITY-ST-ZIP **SHADY GROVE, FL 32357**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TR** ☒ Delete
NAME **CONNELL, WAYNE**
STREET ADDRESS **6385 WEST US 98**
CITY-ST-ZIP **PERRY, FL 32347**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TR** ☒ Delete
NAME **SHEFFIELD, ROSCOE**
STREET ADDRESS **102 OSCEOLA RD**
CITY-ST-ZIP **PERRY, FL 32347**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Earline B Neeley*

Earline B Neeley

07-08-05

850.223.3952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #